ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		04-06-01
O.I.P.E. CLASSIFIER		49	5/2/01
FORMALITY REVIEW	H.S	866	05·11·01
RESPONSE FORMALITY REVIEW	MD	JC9U5	6/12/01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
– (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim (Final / Original)	Date								
1	✔	✔							
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Claim (Final / Original)	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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